

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **POS000086317**

1. Corporation Name

Palladian Programs, Inc.

2. Principal Office Address - No P.O. Box #

4400 N. Federal Highway

Suite, Apt. #, etc.

306

City & State

Boca Raton, FL

Zip

33431

Country

Palm Beach

3. Mailing Office Address

4400 N. Federal Highway

Suite, Apt. #, etc.

306

City & State

Boca Raton, FL

Zip

33431

Country

Palm Beach

7. Name and Address of Current Registered Agent

Name

James Mancuso

Street Address (P.O. Box Number is Not Acceptable)

15997 D' Alene Drive

Suite, Apt. #, Etc.

City

Delray Beach

State

FL

Zip Code

33446

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	James Mancuso	15997 D' Alene Drive	Delray Beach, FL 33446
	<i>(Signature)</i>		

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
08 SEP 29 AM 10:02
SECRETARY OF STATE
ALLAHASSFE, FLORIDA

500136438905
09/29/08--01062--007 **300.00

REINSTATEMENT 07-08

**4. Date Incorporated or Qualified
To Do Business in Florida** 1/11/2006

5. FEI Number

20-4086047

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

SIGNATURE *(Signature)* **James Mancuso** **9/25/08** **914 644-1496**
Date Daytime Phone #